

UNITED STATES HOUSE OF REPRESENTATIVES**FORM B****FINANCIAL DISCLOSURE STATEMENT**

For New Members, Candidates, and New Employees

LEGISLATIVE RESOURCE CENTER

18 APR 18 AM 11:05**APR 9 2018**Page 1 of 6

| | | |
|--|--|--|
| Name: <u>Peter J. Kilm</u> | | Daytime Telephone: <u>—</u> |
| FILER STATUS | <input checked="" type="checkbox"/> New Member of or Candidate for U.S. House of Representatives | State: <u>PA</u> District: <u>5</u> |
| | <input type="checkbox"/> Candidates – Date of Election: <u>May 15, 2018</u> | <input type="checkbox"/> Check if Amendment |
| | <input type="checkbox"/> New Officer or Employee | Staff Filer Type (If Applicable): <input type="checkbox"/> Shared <input type="checkbox"/> Principal Assistant |
| | Employing Office: <u>—</u> | |
| | Period Covered: January 1, <u>2017</u> to <u>May 13, 2018</u> | |
| A \$200 penalty shall be assessed against any individual who files more than 30 days late. | | |

PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|--|
| A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? <input checked="" type="checkbox"/> | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| b. Receive more than \$200 in unearned income from any reportable asset during the reporting period? | <input checked="" type="checkbox"/> | F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | G. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | H. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"

THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS

| | |
|--|---|
| TRUSTS – Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| EXEMPTION – Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics. | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

SCHEDULE A – ASSETS & “UNEARNED INCOME”

Name: *Peter K. M.*

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| BLOCK A | | BLOCK B | | BLOCK C | | BLOCK D | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|----|---|-----|--|---|---|---|--|---|--|---|--|---|--|---|--|---|--|-----|--|---|--|-----|--|----|--|----|--|---|----|-----|----|---|----|-----|------|----|---|----|-----|
| Assets and/or Income Sources | | Value of Asset | | Type of Income | | Amount of Income | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Identify (a) each asset held for investment or production of income, and with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of income which generated more than \$200 in “unearned” income during the year.</p> <p>Provide complete names of stocks and mutual funds (do not use only ticker symbols).</p> | | <p>Indicate value of asset at close of the reporting period. If you use a valuation method other than fair market value, please specify the method used.</p> | | <p>Check all columns that apply. For accounts that generate tax-deferred income (such as 401(k), IRA, or 529 accounts), you may check the “None” column. For all other assets indicate the category of income by checking the appropriate box below. Dividends, Interest, and Capital Gains, even if reinvested, must be disclosed as income for assets held in taxable accounts.</p> | | <p>Check all columns that apply. For assets for which you checked “Tax-Deferred” in Block C, you may check the “None” column. For all other assets indicate the category of income by checking the appropriate box below. Dividends, Interest, and Capital Gains, even if reinvested, must be disclosed as income for assets held in taxable accounts.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.</p> <p>For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts.</p> <p>For rental and other real property held for investment, provide a complete address or description, e.g., “rental property” and a city and state.</p> | | <p>For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.</p> <p>Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.</p> <p>If you have a privately-traded fund that is an Excepted Investment Fund, please check the “EIF” box.</p> <p>If you so choose, you may indicate that an asset or income source is that of your spouse (SP), or dependent child (DC), or jointly held with anyone (JT), in the optional column on the far left.</p> | | <p>If an asset was sold during the reporting period and is included only because it generated income, the value should be “None.”</p> <p>“Column M is for assets held by your spouse or dependent child in which you have no interest.</p> | | <p>Check “None” if no income was earned or generated.</p> <p>“Column XII is for assets held by your spouse or dependent child in which you have no interest.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SP | DC | JT | EIF | A | B | C | D | E | F | G | H | I | J | K | L | M | I | II | III | IV | V | VI | VII | VIII | IX | X | XI | XII | I | II | III | IV | V | VI | VII | VIII | IX | X | XI | XII |
| <p>Example:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Mega Corp Stock <input checked="" type="checkbox"/> Simon & Schuster <input checked="" type="checkbox"/> ABC Hedge Fund | | <p>Indefinite</p> | | <p>None</p> | | <p>None</p> | | <p>\$1-\$200</p> | | <p>\$201-\$1,000</p> | | <p>\$1,001-\$2,500</p> | | <p>\$2,501-\$5,000</p> | | <p>\$5,001-\$15,000</p> | | <p>\$15,001-\$50,000</p> | | <p>\$50,001-\$100,000</p> | | <p>\$100,001-\$1,000,000</p> | | <p>\$1,000,001-\$5,000,000</p> | | <p>Over \$5,000,000</p> | | <p>Spouse/DC Income over \$1,000,000*</p> | | | | | | | | | | | | |
| <p>Wells Fargo - C/HK</p> | | <p><input checked="" type="checkbox"/></p> | | <p><input checked="" type="checkbox"/></p> | | <p><input checked="" type="checkbox"/></p> | | <p><input checked="" type="checkbox"/></p> | | <p><input checked="" type="checkbox"/></p> | | <p><input checked="" type="checkbox"/></p> | | <p><input checked="" type="checkbox"/></p> | | <p><input checked="" type="checkbox"/></p> | | <p><input checked="" type="checkbox"/></p> | | <p><input checked="" type="checkbox"/></p> | | <p><input checked="" type="checkbox"/></p> | | <p><input checked="" type="checkbox"/></p> | | <p><input checked="" type="checkbox"/></p> | | <p><input checked="" type="checkbox"/></p> | | | | | | | | | | | | |
| <p>Wells Fargo - Sav.</p> | | <p><input checked="" type="checkbox"/></p> | | <p><input checked="" type="checkbox"/></p> | | <p><input checked="" type="checkbox"/></p> | | <p><input checked="" type="checkbox"/></p> | | <p><input checked="" type="checkbox"/></p> | | <p><input checked="" type="checkbox"/></p> | | <p><input checked="" type="checkbox"/></p> | | <p><input checked="" type="checkbox"/></p> | | <p><input checked="" type="checkbox"/></p> | | <p><input checked="" type="checkbox"/></p> | | <p><input checked="" type="checkbox"/></p> | | <p><input checked="" type="checkbox"/></p> | | <p><input checked="" type="checkbox"/></p> | | | | | | | | | | | | | | |
| <p>Amkor Tech Inc</p> | | <p><input checked="" type="checkbox"/></p> | | <p><input checked="" type="checkbox"/></p> | | <p><input checked="" type="checkbox"/></p> | | <p><input checked="" type="checkbox"/></p> | | <p><input checked="" type="checkbox"/></p> | | <p><input checked="" type="checkbox"/></p> | | <p><input checked="" type="checkbox"/></p> | | <p><input checked="" type="checkbox"/></p> | | <p><input checked="" type="checkbox"/></p> | | <p><input checked="" type="checkbox"/></p> | | <p><input checked="" type="checkbox"/></p> | | <p><input checked="" type="checkbox"/></p> | | | | | | | | | | | | | | | | |
| <p>Apple Inc</p> | | <p><input checked="" type="checkbox"/></p> | | <p><input checked="" type="checkbox"/></p> | | <p><input checked="" type="checkbox"/></p> | | <p><input checked="" type="checkbox"/></p> | | <p><input checked="" type="checkbox"/></p> | | <p><input checked="" type="checkbox"/></p> | | <p><input checked="" type="checkbox"/></p> | | <p><input checked="" type="checkbox"/></p> | | <p><input checked="" type="checkbox"/></p> | | <p><input checked="" type="checkbox"/></p> | | <p><input checked="" type="checkbox"/></p> | | | | | | | | | | | | | | | | | | |
| <p>Bank America Corp</p> | | <p><input checked="" type="checkbox"/></p> | | <p><input checked="" type="checkbox"/></p> | | <p><input checked="" type="checkbox"/></p> | | <p><input checked="" type="checkbox"/></p> | | <p><input checked="" type="checkbox"/></p> | | <p><input checked="" type="checkbox"/></p> | | <p><input checked="" type="checkbox"/></p> | | <p><input checked="" type="checkbox"/></p> | | <p><input checked="" type="checkbox"/></p> | | <p><input checked="" type="checkbox"/></p> | | <p><input checked="" type="checkbox"/></p> | | | | | | | | | | | | | | | | | | |

Use additional sheets if more space is required.

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Reed, Kim

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| SP. DC. JF. | ASSET NAME E/F | BLOCK A Assets and/or Income Sources | BLOCK B Value of Asset | BLOCK C Type of Income | BLOCK D Amount of Income | | | | | | | | | | | | | | | | | | | | | | | |
|-----------------------|-------------------|---|---------------------------|---------------------------|-----------------------------|------------------|-----------------------|------------------------|-------------------------|--------------------------|--------------------------|----------------------------|------------------------------|-------------------------------|--------------------------------|------------------------|--|-----------|-----------------|----------------------|-----------------------|----------------------|------------------------|--------------------------|----------------------------|-----------------------------|------------------------------|------------------------|
| | | | | | A None | B \$1-\$1,000 | C \$1,001-\$15,000 | D \$15,001-\$50,000 | E \$50,001-\$100,000 | F \$100,001-\$250,000 | G \$250,001-\$500,000 | H \$500,001-\$1,000,000 | I \$1,000,001-\$5,000,000 | J \$5,000,001-\$25,000,000 | K \$25,000,001-\$50,000,000 | L Over \$50,000,000 | M Spouse/DC Asset over \$1,000,000* | I None | II \$1-\$200 | III \$201-\$1,000 | IV \$1,001-\$2,500 | V \$2,501-\$5,000 | VI \$5,001-\$15,000 | VII \$15,001-\$50,000 | VIII \$50,001-\$100,000 | IX \$100,001-\$1,000,000 | X \$1,000,001-\$5,000,000 | XI Over \$5,000,000 |
| Current Year | | | | | | | | | | | | Preceding Year | | | | | | | | | | | | | | | | |
| | | | | | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | | | |
| Bristol Myers Squibb | | | | | X | | | | | | | | | | | | | | | | | | | | | | | |
| CitiGroup Inc. | | | | | X | | | | | | | | | | | | | | | | | | | | | | | |
| Comcast Corp | | | | | X | | | | | | | | | | | | | | | | | | | | | | | |
| Intel Corp. | | | | | X | | | | | | | | | | | | | | | | | | | | | | | |
| Johnson & Johnson | | | | | X | | | | | | | | | | | | | | | | | | | | | | | |
| JPMorgan Chase Co. | | | | | X | | | | | | | | | | | | | | | | | | | | | | | |
| Microsoft Corp | | | | | X | | | | | | | | | | | | | | | | | | | | | | | |
| Procter & Gamble Co. | | | | | X | | | | | | | | | | | | | | | | | | | | | | | |
| Vanguard Fund Mm | | | | | X | | | | | | | | | | | | | | | | | | | | | | | |
| Vanguard Ball IDX Inv | | | | | X | | | | | | | | | | | | | | | | | | | | | | | |
| Vanguard Financials | | | | | X | | | | | | | | | | | | | | | | | | | | | | | |
| Vanguard Hlth Care | | | | | X | | | | | | | | | | | | | | | | | | | | | | | |
| Vanguard Industrials | | | | | X | | | | | | | | | | | | | | | | | | | | | | | |
| Vanguard Info Tech | | | | | X | | | | | | | | | | | | | | | | | | | | | | | |
| Vanguard Prime Mm | | | | | X | | | | | | | | | | | | | | | | | | | | | | | |

Use additional sheets if more space is required.

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: _____

Pearl Kim

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Use additional sheets if more space is required

SCHEDULE C – EARNED INCOME

Name: Peter / Kim | Page 5 of 6

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer and filer's spouse, list the source and amount of any honoraria. List only the source for other spouse earned income exceeding \$1,000. See examples below.

EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

INCOME LIMITS and PROHIBITED INCOME: Be advised that the income limit and prohibited income may apply to you after you are on House payroll. The 2016 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,495. The 2017 limit is \$27,765. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.

| Source (include date of receipt for honoraria) | Type | Amount | |
|--|---------------|------------------------|----------------|
| | | Current Year to Filing | Preceding Year |
| ABC Trade Association, Baltimore, MD (July 15) | Honorarium | \$0 | \$500 |
| State of Maryland | Salary | \$20,000 | \$16,000 |
| Civil War Roundtable (Oct 2) | Spouse Speech | \$0 | \$1,000 |
| Ontario County Board of Education | Spouse Salary | N/A | N/A |

Commonwealth of Pennsylvania
County of Delaware

| | | |
|--------|----------|----------|
| Salary | \$15,716 | * 71,045 |
| Salary | \$ - 0 - | * 9,447 |

SCHEDULE F – AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Name: Pearl Kim

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SCHEDULE J – COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Use additional sheets if more space is required.